



NOTICE OF DEFECT IN COMPLETION OF ASSESSMENT APPEAL FORM

State Form 43087 (R2 / 11-01)

Prescribed by the Indiana Board of Tax Review

FORM 138

Name of petitioner			
Address of petitioner	City	State	ZIP Code
Name of authorized representative <i>(if different from taxpayer)</i>			
Address of authorized representative	City	State	ZIP Code

You have filed the following petition form *(attached)* with the : **County Assessor** **County Auditor**

Filing Date <i>(Month, day, year)</i>	Petition Number	Form Number <i>(check one)</i> <input type="checkbox"/> 130 <input type="checkbox"/> 133 <input type="checkbox"/> _____	Assessment Date For Which Form Was Filed March 1, _____
Description and Location of Property			
County	Township	Parcel or Key Number <i>(for real property)</i>	

Completion of that form was found to be inadequate in the following respects:

SECTION	DEFECT

You are hereby notified that you may cure these defects by correcting the attached form or submitting a statement that you believe that the petition is not defective. The corrected form or statement must be filed by _____ *(date 30 days from the date of this notice)*.

Return the corrected form or statement to the address listed here:

FAILURE TO TIMELY RESPOND TO THIS NOTICE WILL RESULT IN THE DENIAL OF THE PETITION.

Signature and Title	Date <i>(month, date, year)</i>
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